

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Chiropractic Association PAC

ADDRESS (number and street)

1701 Clarendon Blvd

☐Check if different
than previously
reported. (ACC)

Arlington

VA

22209

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00102764

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr Michael Simone

Signature of Treasurer

Electronically Filed by Dr Michael Simone

Date

07

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>33967.21</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>24333.46</div>	
(c) Total Receipts (from Line 19)	<div>30104.25</div>	<div>86070.50</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>54437.71</div>	<div>120037.71</div>
7. Total Disbursements (from Line 31)	<div>15500.00</div>	<div>81100.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>38937.71</div>	<div>38937.71</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Chiropractic Association PAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13390.00	30624.99
(ii) Unitemized	16714.25	55445.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30104.25	86070.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30104.25	86070.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30104.25	86070.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30104.25	86070.50

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	81100.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15500.00	81100.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	81100.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30104.25	86070.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30104.25	86070.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Robert E Bachelder, DC

Mailing Address 1182 Township Rd 1175

City

Ashland

State

OH

Zip Code

44805-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33378215

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Alan R Post, DC

Mailing Address 1130 Ten Rod Road, Suite D-204

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33378224

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr Douglas G Pfeiffer, DC

Mailing Address 1543 Layfield Rd

City

Pennsburg

State

PA

Zip Code

18073-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Upper Perkiomen Chiroprac-
tic CenterOccupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33378257

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Thomas R Sullivan, DC, DACBSP

Mailing Address 7106 Pippin Road at Banning

City

Cincinnati

State

OH

Zip Code

45239-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33378260

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Roger S Redleaf, DC

Mailing Address 95 Sockanosset Crossroads, Suite 3

City

Cranston

State

RI

Zip Code

02920-5559

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 1

Transaction ID: 33378268

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Frederick E Hult, DC

Mailing Address 306 North Front Street

City

McHenry

State

IL

Zip Code

60050-5505

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33462743

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Eldon L Huslig, DC, DACBR

Mailing Address PO Box 1029

City

Lombard

State

IL

Zip Code

60148-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33462753

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)

Dr Robert Jarmain, DC

Mailing Address 2 Lake Road North

City

Great Neck

State

NY

Zip Code

11020-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33462756

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Louis Sportelli, DC

Mailing Address 125 Delaware Ave

City

Palmerton

State

PA

Zip Code

18071-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33462759

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Michael J Cindrich, DC, CCSP

Mailing Address 15 East 10th St, Apt 1C

City

New York

State

NY

Zip Code

10003-5931

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 1

Transaction ID: 33462760

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Steven J Brodar, DC

Mailing Address 1400 South Main Street

City

Lexington

State

NC

Zip Code

27292-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488548

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Dr Justin Hunter, DC

Mailing Address 3540 Seven Bridges Dr, Ste 130

City

Woodridge

State

IL

Zip Code

60517-1222

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488549

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Ken W Felch, DC

Mailing Address 102 Third St

City

Los Altos

State

CA

Zip Code

94022

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488681

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr Seth E Hosmer, DC

Mailing Address 1102 Nw 10th Ave

City

Portland

State

OR

Zip Code

97209-3472

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488695

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr. Troy A Sturgill, , DC

Mailing Address 1111 Hillcrest St

City

Woodward

State

OK

Zip Code

73801-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488697

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 43

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Sigmund Miller, DC

Mailing Address 56 Weber Ave

City

Hillsborough

State

NJ

Zip Code

08844-7039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488701

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr John Victor DeMaio, DC

Mailing Address 2654 Brandermill Blvd

City

Gambrills

State

MD

Zip Code

21054-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488704

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr E Michael Kyrs, DC MS

Mailing Address 199 S Addison Rd

City

Wood Dale

State

IL

Zip Code

60191-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 1 1

Transaction ID: 33488762

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr John Turner, DC

Mailing Address 320 E Army Trail Rd

City

Glendale Hts

State

IL

Zip Code

60139-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545295

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

John Morrison

Mailing Address 2480 W 77 Hwy # 2

City

San Benito

State

TX

Zip Code

78586

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545297

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Dr Lewis James Bazakos, DC

Mailing Address 10 evans drive

City

Glen Head

State

NY

Zip Code

11545-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr David J Dwyer, DC

Mailing Address 189 Toll Gate Rd

City

Warwick

State

RI

Zip Code

02886-4445

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545324

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr. Christophe S Oliveira

Mailing Address 1 S. Main St. Ste 1 2nd Floor

City

Lodi

State

NJ

Zip Code

07644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Institute
of North Jers

Occupation

Chiropractic Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545331

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeffry Tyrus Parker, DC

Mailing Address 6825 E Hampden Ave Ste 100

City

Denver

State

CO

Zip Code

80224-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545340

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Douglas G Matzner, DC

Mailing Address 1712 S Duncan Rd Ste B

City

Champaign

State

IL

Zip Code

61822-5224

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545343

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Alan R Post, DC

Mailing Address 1130 Ten Rod Road, Suite D-204

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545380

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr Kirsten S Grove, DC

Mailing Address 8130 Boone Blvd Ste 110

City

Vienna

State

VA

Zip Code

22182-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545383

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Wayne C Wolfson, DC

Mailing Address 205 East Colonial Dr

City

Orlando

State

FL

Zip Code

32801-1203

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 33545386

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr Timothy Paul Dawson, DC

Mailing Address 5019 Tamiami Trl E

City

Naples

State

FL

Zip Code

34113-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545444

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Erin E Ducat, DC

Mailing Address 107 S Third St, Ste 2

City

Bloomingtondale

State

IL

Zip Code

60108-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545445

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Raymond Foxworth, DC

Mailing Address 2470 Flowood Drive, Suite 125

City

Flowood

State

MS

Zip Code

39232-9717

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545446

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Lincoln German, DC

Mailing Address 10633 Crestwood Dr

City

Manassas

State

VA

Zip Code

20109-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545447

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Norman J Gloekler, DC

Mailing Address 4239 Lake Ave

City

Ashtabula

State

OH

Zip Code

44004-6844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545448

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Alvin C Graun, DC

Mailing Address 6428 South Cass Avenue

City

Westmont

State

IL

Zip Code

60559-3209

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545449

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Justin Jobe, DC

Mailing Address 221 N Preston Rd Ste D

City

Prosper

State

TX

Zip Code

75078-8792

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545450

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert Jones

Mailing Address 5310 Homestead Rd NE Ste 400

City

Albuquerque

State

NM

Zip Code

87110

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545451

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Reiner G Kremer, DC

Mailing Address 7601 Burning Tree Dr
P.O. Box 201

City State Zip Code
Franktown CO 80116-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545457

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Frank Lizzio, DC

Mailing Address 1610 Castle Hill Ave

City State Zip Code
Bronx NY 10462-4202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545458

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Timothy R Noble, DC, DACBSP

Mailing Address 5769 E Santa Ana Canyon Rd Ste P

City State Zip Code
Anaheim CA 92807-3233

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545460

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Christophe S Oliveira

Mailing Address 1 S. Main St. Ste 1 2nd Floor

City

Lodi

State

NJ

Zip Code

07644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Institute
of North Jers

Occupation

Chiropractic Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545461

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr James C Pamplin, DC

Mailing Address 178 Main Street, Suite 100

City

Plymouth

State

NH

Zip Code

03264-1527

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545462

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Jeffry Tyrus Parker, DC

Mailing Address 6825 E Hampden Ave Ste 100

City

Denver

State

CO

Zip Code

80224-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545463

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Janet Pitts, DC

Mailing Address 4105 W Spring Creek Pkwy Ste 510

City

Plano

State

TX

Zip Code

75024-5294

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545464

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Colleen Tanaka, DC

Mailing Address 98-1258 Kaahumanu St Ste 6

City

Pearl City

State

HI

Zip Code

96782-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 33545466

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Richard W Haas, DC

Mailing Address 1403 South Federal Avenue

City

Mason City

State

IA

Zip Code

50401-5727

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548294

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Joseph J Sweere, DC

Mailing Address 2501 W. 84th St

City

Bloomington

State

MN

Zip Code

55431-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Health Sciences University

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548295

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Dr Audie George Klingler, DC

Mailing Address 203 Greene St

City

Cumberland

State

MD

Zip Code

21502-2877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548299

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Randy R Hinze, DC

Mailing Address 2421 23rd St

City

Columbus

State

NE

Zip Code

68601-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548302

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

137.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Steven Harrison, DC

Mailing Address 50 Village Street

City

Pikeville

State

KY

Zip Code

41501-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548303

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Dr Brent McNabb, DC

Mailing Address 2205 N Sherman Ave

City

Madison

State

WI

Zip Code

53704-3310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548306

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Daniel C Gleason, DC

Mailing Address 19084 N Fruitport Rd

City

Spring Lake

State

MI

Zip Code

49456-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548308

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

158.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Kent C Fox, DC

Mailing Address 950 W Main St

City

Lebanon

State

OH

Zip Code

45036-9173

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548309

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Gregory P Palkowski, DC

Mailing Address 1654 Mardon Dr

City

Dayton

State

OH

Zip Code

45432-1949

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548312

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Douglas G Matzner, DC

Mailing Address 1712 S Duncan Rd Ste B

City

Champaign

State

IL

Zip Code

61822-5224

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548315

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Craig Newman, DC

Mailing Address 3305 W Kennedy Blvd

City

Tampa

State

FL

Zip Code

33609-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548316

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Thomas D Worden, DC

Mailing Address 78 Deer Hill Ave

City

Danbury

State

CT

Zip Code

06810-7938

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548318

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Ronald C Kaufmann, DC

Mailing Address 333 Route 25A, Suite 40

City

Rocky Point

State

NY

Zip Code

11778-8569

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548328

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Shawn Isdale, DC

Mailing Address 1201 Winkler Ave

City

Killeen

State

TX

Zip Code

76542-6108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Isdale Chiropractic Clinic

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548329

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Kelli K Pearson, DC

Mailing Address 1410 N Mullan Rd Ste 200

City

Spokane Valley

State

WA

Zip Code

99206-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer
NWCC

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548330

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Lawrence J Reis, DC

Mailing Address 1621 East Vine Street

City

Kissimmee

State

FL

Zip Code

34744

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548333

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Laron L Hardy, DC

Mailing Address 2699 Sandlin Rd SW Ste A-3

City

Decatur

State

AL

Zip Code

35601-7343

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548335

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Terry L Bradley, DC

Mailing Address 1324 East Garrison Blvd

City

Gastonia

State

NC

Zip Code

28054-5134

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548344

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Lawrence Marrich, DC

Mailing Address 3401 Carlisle Blvd NE

City

Albuquerque

State

NM

Zip Code

87110-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548354

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Dana Weary, DC

Mailing Address 1410 N Mullan Rd Ste 200

City

Spokane Valley

State

WA

Zip Code

99206

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548360

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Mathias Pastore, DC

Mailing Address 12300 Bermuda Crossroad Ln

City

Chester

State

VA

Zip Code

23831-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548361

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Dr. William O Bauman, DC

Mailing Address 1 Guthrie Square
Neurology Dept

City

Sayre

State

PA

Zip Code

18840-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548364

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

162.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr. Ian J Boehm, Jr, DC

Mailing Address 271 Western Ave

City

Lynn

State

MA

Zip Code

01904-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548367

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Barbro Brost, DC

Mailing Address 1421 Wayzata Blvd Ste 61

City

Wayzata

State

MN

Zip Code

55391-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Brost Clinic

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548368

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

Dr Russell Smith, DC

Mailing Address 2175 Chambliss Ave NW, Suite D

City

Cleveland

State

TN

Zip Code

37311-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548381

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

212.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Steven A Gansen, DC

Mailing Address 210 N Meridian St Ste 1

City

Belle Plaine

State

MN

Zip Code

56011-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548383

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr William F Updyke, DC

Mailing Address 3571 N. First St., Ste 200

City

San Jose

State

CA

Zip Code

95134-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548384

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Casey J Iverson, DC

Mailing Address PO Box 2371

City

Grand Island

State

NE

Zip Code

68802-2371

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548385

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr James H Adams, DC, DACBN

Mailing Address 101 Andrieux St

City

Sonoma

State

CA

Zip Code

95476-6906

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548386

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr James C Neumayer, DC

Mailing Address 184 Main St

City

Presque Isle

State

ME

Zip Code

04769-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548387

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert Reeves, DC

Mailing Address PO Box 15005

City

Covington

State

KY

Zip Code

41015-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548389

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Edwin Davis, DC

Mailing Address 391 South 1st Street

City

Jesup

State

GA

Zip Code

31545-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548395

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Kirsten S Grove, DC

Mailing Address 8130 Boone Blvd Ste 110

City

Vienna

State

VA

Zip Code

22182-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548397

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr E Michael Kyrs, DC MS

Mailing Address 199 S Addison Rd

City

Wood Dale

State

IL

Zip Code

60191-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548399

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Joseph Riggio, DC

Mailing Address 921 West Irving Park Road

City

Itasca

State

IL

Zip Code

60143-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548410

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr N Ray Tuck, Jr, DC

Mailing Address PO Box 1463

City

Christiansburg

State

VA

Zip Code

24068-1463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548423

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr Robert E Bachelder, DC

Mailing Address 1182 Township Rd 1175

City

Ashland

State

OH

Zip Code

44805-1977

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548424

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

212.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 43

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Karen A Mahlmeister, DC

Mailing Address 134 East 15th Street

City

Edmond

State

OK

Zip Code

73013-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548425

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dr Jason G Abshire, DC

Mailing Address 913 South College Road, Ste 105

City

Lafayette

State

LA

Zip Code

70503-3061

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548426

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Matthew A Nardone, DC

Mailing Address 117-B Three Springs Dr

City

Weirton

State

WV

Zip Code

26062-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548429

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Lloyd Denton Spiers, DC

Mailing Address 5128 Old Highway 11 Ste 1

City

Hattiesburg

State

MS

Zip Code

39402-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548431

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Irene L Parent, DC

Mailing Address 1117 Arthur Ave

City

Racine

State

WI

Zip Code

53405-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548433

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Dr Jeffrey Zaika, DC

Mailing Address 990 Lexington Ave

City

Mansfield

State

OH

Zip Code

44907

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548434

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Dianna Welty, DC

Mailing Address PO Box 43

City

Clay City

State

IL

Zip Code

62824-0043

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548446

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Troy Wilson, DC

Mailing Address 321 N Burlington Ave

City

Hastings

State

NE

Zip Code

68901-5034

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548462

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Sharon Hulbert, DC

Mailing Address 592 N Green Rd

City

Sprakers

State

NY

Zip Code

12166-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548469

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Marc Girod, DC

Mailing Address 7007 Wyoming Blvd NE Ste E1

City

Albuquerque

State

NM

Zip Code

87109-3983

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548474

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Bruce Thompson, DC

Mailing Address PO Box 2864

City

Muscle Shoals

State

AL

Zip Code

35662-2864

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548478

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Dr Paul C Ciatto, DC

Mailing Address 1620 Towne Center Route 22

City

Brewster

State

NY

Zip Code

10509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548481

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

162.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Kirk E Manson, DC

Mailing Address 1804 Carlisle Blvd NE

City

Albuquerque

State

NM

Zip Code

87110-4906

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548488

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Dr Sean P Rondeau, DC

Mailing Address 1111 W Morton Ave Ste 2

City

Jacksonville

State

IL

Zip Code

62650-3165

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548490

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr John Caraway, DC

Mailing Address 1200 Enterprise Blvd

City

Lake Charles

State

LA

Zip Code

70601-6322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548494

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

212.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Dr Christopher L. Bissett

Mailing Address 979 Del Mar Dr

City

Lady Lake

State

FL

Zip Code

32159

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548505

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ronald Vogtsberg

Mailing Address 260 E Ontario 104

City

Corona

State

CA

Zip Code

92879-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
chiropractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 33548506

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

13390.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial) Whitehouse For Senate	Transaction ID: 33453588 Date of Disbursement
Mailing Address P.O. Box 40280	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City Providence State RI Zip Code 02940	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Sheldon Whitehouse	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hawkeye PAC	Transaction ID: 33453589 Date of Disbursement
Mailing Address PO Box 7255	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: 33453590 Date of Disbursement
Mailing Address P.O. Box 261060	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City Los Angeles State CA Zip Code 90026	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Xavier Becerra	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Jeff Merkley For Oregon

Mailing Address 2236 Se 10th Ave

City
Portland

State
OR

Zip Code
97214

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Jeff Merkley

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR

District:

Transaction ID: 33500960

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Moran For Kansas

Mailing Address P.O. Box 1151

City
Hays

State
KS

Zip Code
67601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Jerry Moran

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS

District: 01

Transaction ID: 33500965

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bob Casey For Senate Inc

Mailing Address 700 13th Street Nw
Suite 600

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Robert Casey, Jr.

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA

District:

Transaction ID: 33501067

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial) Wally Herger For Congress	Transaction ID: 33501069 Date of Disbursement																				
Mailing Address P.O. Box 1500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
City Chico State CA Zip Code 95927-1500	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Wally Herger	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Braley For Congress	Transaction ID: 33501070 Date of Disbursement																				
Mailing Address PO Box 390	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Bruce Braley	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Mike Rogers For Congress	Transaction ID: 33501071 Date of Disbursement																				
Mailing Address 123 East 13th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
City Anniston State AL Zip Code 36202	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Michael Dennis Rogers	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez	Transaction ID: 33501072 Date of Disbursement
Mailing Address 1212 S. Victory Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 1</div> </div>
City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Linda Sanchez	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate	Transaction ID: 33501073 Date of Disbursement
Mailing Address 972 W Whitmire Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 1</div> </div>
City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Sen. Bill Nelson	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lobiondo For Congress	Transaction ID: 33501078 Date of Disbursement
Mailing Address PO Box 775	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 5 / 2 0 1 1</div> </div>
City Marmora State NJ Zip Code 08223	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Rep. Frank A. LoBiondo	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A.

Full Name (Last, First, Middle Initial)

Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City
Rockwall

State
TX

Zip Code
75087

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Ralph M. Hall

Office Sought:

☒ House

☐ Senate

☐ President

State: TX

District: 04

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 33501082

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Loebsack For Congress

Mailing Address PO Box 1457

City
Iowa City

State
IA

Zip Code
52244

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dave Loebsack

Office Sought:

☒ House

☐ Senate

☐ President

State: IA

District: 02

Disbursement For:

2012

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 33501085

Date of Disbursement

06 / 15 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

15500.00